Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar	e the name that is on government-issued ire identification (for nple, your driver's	Daniel First name	First name
	licer	se or passport).	Middle name	Middle name
	iden	g your picture tification to your ting with the trustee.	Brown Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number	xxx-xx-1604	

Debtor 1 Daniel J Brown

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EINs			
5.	Where you live	45809 Carousel Court Macomb, MI 48044	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Macomb County	County			
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If your mailing address is different from the one above, fill it in here. Note that the court will send any	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

7.	The chapter of the Bankruptcy Code you are	Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter	7					
		☐ Chapter	11					
		☐ Chapter	12					
		☐ Chapter	13					
8.	How you will pay the fee	about order	how you If your a	ay the entire fee when I file my petition. Please check with the clerk's office in your local court for ow you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's chif your attorney is submitting your payment on your behalf, your attorney may pay with a credit cardinated address.				
					this option, sign and attac	ch the Application for Individuals to Pay		
I request that my fee be waived (You may red but is not required to, waive your fee, and may applies to your family size and you are unable t the Application to Have the Chapter 7 Filing Fee				red to, waive your fee, and may do so family size and you are unable to pay	only if your income is less the fee in installments). If	s than 150% of the official poverty line that you choose this option, you must fill out		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
			District	When	Ca	ase number		
			District	When	Ca	ase number		
		I	District	When	Ca	ase number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.						
			Debtor		Rel	ationship to you		
		I	District	When	Cas	se number, if known		
			Debtor			ationship to you		
			District	When _	Cas	se number, if known		
11.	Do you rent your residence?	□ No.	Go to li	e 12.				
	residence:	Yes.	Has you	r landlord obtained an eviction judgme	nt against you?			
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement About an</i> pankruptcy petition.	Eviction Judgment Agains	st You (Form 101A) and file it with this		

Case number (if known)

Debtor 1 Daniel J Brown

Jeb	Daniei J Brown				Case number (if known)
ar	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	te & ZIP Code	
	it to this petition.		Check	the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you in	dicate that you are ow statement, and the	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
) o "	Poport if You Own or	Have An	, Hamanda	Dramarty as An	Dramatic That Needs Immediate Attention
	<u> </u>		/ nazaruo	us Property or An	y Property That Needs Immediate Attention
4.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
	-				Number, Street, City, State & Zip Code

Debtor 1 Daniel J Brown

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Daniel J Brown			Case nu	Imber (if known)	
⊃ar	t 6: Answer These Questi	ons for Re	porting Purposes			
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."			
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
				business debts? Business debts are devestment or through the operation of the		
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you	owe that are not consumer debts or bus	siness debts	
		-				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and			Do you estimate that after any exempt available to distribute to unsecured credi	property is excluded and administrative expenses tors?	
	administrative expenses		■ No			
	are paid that funds will be available for		☐ Yes			
	distribution to unsecured creditors?		_ 100			
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000	
	you estimate that you owe?	☐ 50-99		5001-10,000	5 0,001-100,000	
	OWC:	□ 100-19		□ 10,001-25,000	☐ More than100,000	
		200-99	9			
19.	How much do you	\$0 - \$5	0,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
			01 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion	
20.	How much do you	\$0 - \$5	0,000	\$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion	
			01 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		\$500,00	01 - \$1 million		— Wore than \$60 Simon	
Par	t 7: Sign Below					
For	you	I have exa	mined this petition, and I de	eclare under penalty of perjury that the in	nformation provided is true and correct.	
				7, I am aware that I may proceed, if elig relief available under each chapter, and	gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		bankruptcy and 3571.	y case can result in fines up		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519	
		Daniel J	l J Brown Brown	Signature of De	ebtor 2	
			of Debtor 1	3.ga.a. 3 01 D		
		Executed	on March 12, 2019	Executed on		
			MM / DD / YYYY		MM / DD / YYYY	

Debtor 1	Daniel J Brown	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James C. Warr	Date	March 12, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
James C. Warr		
Printed name		
James C. Warr & Associates, PLC		
Firm name		
24500 Northwestern Hwy.		
Suite 205		
Southfield, MI 48075		
Number, Street, City, State & ZIP Code		
Contact phone 248-357-5860	Email address	attywarr@sbcglobal.net
P47001 MI		
Bar number & State		

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

In Re:	Chapter 7
	Case No.: Judge:
Daniel J.	Brown Debtor (s) /
	STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R. BANKR.P. 2016 (b)
Tl	ne undersigned, pursuant to F.R.Bankr.P. 2016 (b), states that:
1.	The undersigned is the attorney for the Debtor(s) in this case.
2.	The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [check one]
	[X] FLAT FEE
	A. For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid
	B. Prior to filing this statement, received
	C. The unpaid balance due and payable is <u>\$ 935.00</u>
	[] <u>RETAINER</u>
	A. Amount of retainer received\$

Debtor(s) have agreed to pay all court approved fees and expenses exceeding the amount of the retainer.

B. The undersigned shall bill against the retainer at an hourly rate of

3. \$335.00 of the filing fee has been paid. The United Food and Commercial Workers Pre-Paid Legal Services paid \$150.00 of the filing fee.

\$_____. [or attach firm hourly rate schedule].

- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [cross out any that do not apply].
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required.
 - C. Representation of the debtor(s) at the meeting of creditors and confirmation hearing, and any adjourned hearings thereafter;
- D. Representation of the debtor in adversary proceedings and other contested 19-43543-mbm Debtary Fleen 19-43543 Entered 03/12/19 15:28:27 Page 8 of 47

	F. Redemptions;					
	G. Other: None					
5.	By agreement with the debtor(s), the above-disclosed fee does not include the following services (the following is not exhaustive):					
	A. Defending against any complaint filed by the Trustee or any other party-in-interest to deny the discharge;					
	B. Defending against any complaint filed by any creditor to except a debt from discharge;					
	 C. Prosecuting any complaint that seeks a determination that any indebtedness is dischargeable; 					
	D. Defending against any complaint the Trustee files to avoid or to recover any transfer of property that was made before the filing of the Chapter 7 petition;					
	E. Appealing any order or judgment;					
F. Attending adjourned hearings due to debtor(s)' failure to attend ori hearing;						
G. Amending documents;						
H. Adding omitted creditors;						
	I. Defending or prosecuting a motion on debtor(s) behalf					
6.	The source of payments to the undersigned was from:					
	A Debtor(s)' earnings, wages, compensation for service performed.					
	B. X Other (describe, including the identity of payor) United Food and Commercial Workers Pre-Paid Legal Services					
7. The undersigned has not shared or agreed to share, with any other person, oth than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows: Paskel, Tashman & Walk P.C.						
Dated:	3-12-2019 /s/ James C. Warr Attorney for the Debtor(s)					
Agreed:	/s/ Daniel J. Brown Debtor Debtor					

E. Reaffirmations;

Certificate Number: 02998-MIE-CC-032428801



CERTIFICATE OF COUNSELING

I CERTIFY that on March 12, 2019, at 10:56 o'clock AM EDT, Daniel J Brown received from Consumer Education Services, Inc., DBA Start Fresh Today/DBA Affordable Bankruptcy Course, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 12, 2019

By: /s/Angela Zinnerman

Name: Angela Zinnerman

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

				1	
Fill in this informa	ation to identify your	case:		<u> </u> 	
Debtor 1	Daniel J Brown First Name	Middle Name	Last Name		
Debtor 2	i iist ivaille	Middle Name	Lastivanie		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	kruptcy Court for the:	EASTERN DISTR	RICT OF MICHIGAN		
Case number				_	
(if known)					Check if this is an amended filing
				•	, and the second
Official For	m 108				
		n for Indiv	iduals Filing Under Chapt	er 7	12/15
Otatomon	t or intontio		riduals i mily silds. Sildpa	5	12,13
	idual filing under cha	• •	Il out this form if:		
	claims secured by yo		and assessment		
You must file this		ithin 30 days after	you file your bankruptcy petition or by the date s		
whicheven		ie court extends th	ne time for cause. You must also send copies to the	ne creditors	and lessors you list
If two married peo	onle are filing togethe	r in a joint case, bo	oth are equally responsible for supplying correct i	nformation	Both debtors must
	date the form.	iii a joint odoo, so	zar are equally responsible to eupprying contest.		. Both dobtoro maot
	nd accurate as possib ur name and case nur		s needed, attach a separate sheet to this form. On	the top of	any additional pages,
Part 1: List You	ur Creditors Who Hav	e Secured Claims			
			Conditions Who House Claims Convent by Proposition	(04:-:-! 1	40CD) fill in the
information belo	ow.		D: Creditors Who Have Claims Secured by Propert		
Identify the cred	litor and the property t	hat is collateral	What do you intend to do with the property that secures a debt?		you claim the property exempt on Schedule C?
Creditor's Ch	ristian Financial C.	.U.	☐ Surrender the property.	■ N	lo
name:			Retain the property and redeem it.		/
Description of	2015 Chrysler 200	s	Retain the property and enter into a Reaffirmation Agreement.	ПΥ	es
property			☐ Retain the property and [explain]:		
securing debt:				_	
	ur Unexpired Persona		in Cabadula O. Furantam Contracts and Unionsity		(Official Forms 4000) fill
in the information	below. Do not list rea	al estate leases. Ur	in Schedule G: Executory Contracts and Unexpire nexpired leases are leases that are still in effect; the	he lease pe	
You may assume a	an unexpired persona	il property lease if	the trustee does not assume it. 11 U.S.C. § 365(p)	(2).	
Describe your un	expired personal pro	perty leases		Will the le	ease be assumed?
Lessor's name:				□ No	
Description of leas Property:	sed			☐ Yes	
1 3				□ res	
Lessor's name: Description of leas	sed			□ No	
Property:				☐ Yes	
Lessor's name:				□ No	
				□ 140	
Official Form 108		Statement of Ir	ntention for Individuals Filing Under Chapter 7		page 1

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Best Case Bankruptcy

Deb	tor 1	Daniel J Brown	Case number (if known)	
	criptior erty:	n of leased		□ Yes
Des	sor's na criptior perty:	ame: n of leased		□ No □ Yes
Des	sor's na criptior perty:	ame: n of leased		□ No □ Yes
Des	sor's na criptior perty:	ame: n of leased		□ No □ Yes
Des	sor's na criptior perty:	ame: n of leased		□ No □ Yes
	er pen	Sign Below alty of perjury, I declare that I have lat is subject to an unexpired leas	ndicated my intention about any property of my estate that sec	ures a debt and any personal
X	Dani	aniel J Brown el J Brown ture of Debtor 1	XSignature of Debtor 2	
	Date	March 12, 2019	Date	

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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		ation to identify your	case:			
Deb	otor 1	Daniel J Brown First Name	Middle Name	Last Name		
	otor 2	-				
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bank	cruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Cas (if kn	se number				_	t if this is an
						g
Of	ficial For	m 106Sum				
			and Liabilities a	nd Certain Statistical Information		12/15
info	rmation. Fill ou r original form	it all of your schedule	es first; then complete t	le are filing together, both are equally responsible the information on this form. If you are filing amer ck the box at the top of this page.		
					Your a	ssets of what you own
1.	Schedule A/E 1a. Copy line	3: Property (Official Fo	orm 106A/B) om Schedule A/B		\$	0.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B	3	\$	48,303.54
	1c. Copy line	63, Total of all property	y on Schedule A/B		\$	48,303.54
Par	t 2: Summa	rize Your Liabilities				
						abilities t you owe
2.			laims Secured by Propert mn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule D</i>	. \$	16,024.00
3.			Unsecured Claims (Offici 1 (priority unsecured clain	ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	18,411.43
				Your total liabilitie	\$	34,435.43
Par	t 3: Summa	rize Your Income and	Expenses			
4.		our Income (Official Fo		le I	\$	3,226.59
5.		our Expenses (Official onthly expenses from li			\$	3,222.00
Par	t 4: Answer	These Questions for	Administrative and Sta	ntistical Records		
6.			er Chapters 7, 11, or 13' on this part of the form.	? Check this box and submit this form to the court with y	our other sch	nedules.
7.	■ Yes What kind of	debt do you have?				

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,828.70

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in	this infor	mation to identify your	case and this filing:				
Debtor	r 1	Daniel J Brown					
	_	First Name	Middle Name	Last Name			
Debtor (Spouse,	_	First Name	Middle Name	Last Name			
United	States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF M	ICHIGAN			
Case r	number _					[Check if this is an amended filing
_		orm 106A/B e A/B: Prop	erty				12/15
think it f informa	fits best. E tion. If mor every ques	Be as complete and accurate space is needed, attach stion.	e items. List an asset only once te as possible. If two married p a separate sheet to this form. C . Land, or Other Real Estate Yo	eople are filing together, both In the top of any additional pa	are equally responsible	for supp	olying correct
■ No	o. Go to Pares. Where i	, , ,	interest in any residence, build	ding, land, or similar property′	•		
someor	ne else dri s, vans, tr o	ves. If you lease a vehicle	itable interest in any vehicle, also report it on Schedule (any veh	icles you own that
	_	Chrysler 200S	Who has an interest ■ Debtor 1 only	in the property? Check one	the amount of any	secured	ns or exemptions. Put claims on Schedule D: Secured by Property.
	_		Debtor 2 only Debtor 1 and Debt	•	Current value of tentire property?		Current value of the portion you own?
			Check if this is co	ommunity property	\$12,000	0.00	\$12,000.00
	Model:	Dodge Avenger 2010	Debtor 1 only	<u> </u>		secured ove Claims	ns or exemptions. Put claims on Schedule D: s Secured by Property.
	Approximate Other information	te mileage:	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another		Current value of t entire property?		Current value of the portion you own?
	Given to	son for graduation	Check if this is co	ommunity property	\$5,000	.00	\$5,000.00

Debi	Daniei J Bro	JWII Ca	se number (ir known)	
		tor homes, ATVs and other recreational vehicles, other vehicles, and, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle a		
	No			
_	Yes			
_	res			
4.1	Make:	Who has an interest in the property? Check one		claims or exemptions. Put
	Model:	Debtor 1 only		ured claims on Schedule D: laims Secured by Property.
	Year:	Debtor 2 only	Current value of the	Current value of the
		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another	\$5,000.00	\$5,000.00
	Mobile home	Check if this is community property (see instructions)	Ψ5,000.00	Ψ3,000.00
Part Do y	Describe Your Person ou own or have any busehold goods and	onal and Household Items legal or equitable interest in any of the following items? furnishings nces, furniture, linens, china, kitchenware		\$22,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
	No			
	Yes. Describe			
		Furniture		\$750.00
		Turnture		
				\$450.0¢
		Other household		\$150.00
E		and radios; audio, video, stereo, and digital equipment; computers, printer I phones, cameras, media players, games 4 TV sets	rs, scanners; music collec	ctions; electronic devices
		2 DVD players		\$25.00
		2 computer		\$500.00
		iPhone		\$600.00
E		d figurines; paintings, prints, or other artwork; books, pictures, or other art ions, memorabilia, collectibles	objects; stamp, coin, or b	paseball card collections;
E	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and	kayaks; carpentry tools;
	No Yes. Describe			
	al Form 106A/B	Schedule A/B: Property		page

Debt	or 1 Danie	l J Brown		Case number (if	known)
	irearms Examples: Pisto	ols. rifles. sho	otguns, ammunition, and	related equipment	
_	No	,,	- · · · · · · · · · · · · · · · · · · ·	- 1	
	Yes. Describe	e			
11. C	lothes				
		ryday clothes	s, furs, leather coats, des	signer wear, shoes, accessories	
_	No Yes. Describe	^			
	Tes. Describe	5			
		Cle	othes		\$300.00
	ewelry	nudov iowoln	, acatuma igualny ango	gement rings, wedding rings, heirloom jewelry, watches, g	gama gold silver
_	No	iyday jeweliy	, costume jeweny, enga	gement rings, wedding rings, neinddin jeweny, watches, t	gerris, gold, silver
	Yes. Describe	e			
13 N	lon-farm anim	als			
_	Examples: Dog		, horses		
	No				
	Yes. Describe	e			
		2 0	cats		\$500.00
14. A	ny other pers	onal and ho	usehold items you did	not already list, including any health aids you did not	t list
	No				
	Yes. Give spe	ecific informa	ation		
15.				Part 3, including any entries for pages you have attach	s3,575.00
Part -	Describe Yo	ur Financial A	Assets		
				any of the following?	Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
16. C	ash				
		ney you have	in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file you	ur petition
	No				
	eposits of mo		rs or other financial acc	ounts; certificates of deposit; shares in credit unions, brok	verside houses, and other similar
,				s with the same institution, list each.	derage nouses, and other similar
_	No			Institution name:	
	Yes			institution name.	
		1-	7.1. Checking	Chase Bank	\$389.59
			7.1. Checking	Olidae Balik	
				Chase Bank (joint with mother; all of the	
		17	7.2.	funds on deposit were by mother)	\$1,853.79
18. E	onds, mutual	funds, or pu	ublicly traded stocks		
	Examples: Bon			okerage firms, money market accounts	
	No Yes		Institution or issuer	name:	
	т e S		montanon or issuer	name.	

Official Form 106A/B Schedule A/B: Property page 3

De	btor 1	Daniel J Brown	Case number (if known)	
	joint v	ublicly traded stock and interests in incorpo renture	rated and unincorporated businesses, including an interest in	an LLC, partnership, and
	■ No			
	⊔ Yes.	Give specific information about them Name of entity:	 % of ownership:	
20.	Negoti		tiable and non-negotiable instruments niers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
	_	Give specific information about them Issuer name:		
		nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 40	03(b), thrift savings accounts, or other pension or profit-sharing plar	ns
	Yes.	List each account separately.		
		Type of account:	Institution name:	
		401(k)	Merrill Lynch	\$20,306.16
		Pension	UFCW	Unknown
	Examp ■ No		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies. Institution name or individual:	or others
	Annuit ■ No	ies (A contract for a periodic payment of money	y to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description.		
		ts in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1).	nalified ABLE program, or under a qualified state tuition progra	m.
	☐ Yes	Institution name and description	. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	equitable or future interests in property (ot Give specific information about them	her than anything listed in line 1), and rights or powers exercis	sable for your benefit
		s, copyrights, trademarks, trade secrets, and ples: Internet domain names, websites, proceed		
		Give specific information about them		
	Examp ■ No		s erative association holdings, liquor licenses, professional licenses	
	⊔ Yes.	Give specific information about them		
Mo	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

De	btor 1	Daniel J Brown		Case number (if ki	nown)
_	Tax ref □ No	unds owed to you			
I	Yes.	Give specific information about t	nem, including whether you already filed	the returns and the tax years	
			2018 Michigan tax refund		\$179.00
ı	Examp No	support oles: Past due or lump sum alimo Give specific information	ny, spousal support, child support, main	tenance, divorce settlement, pro	operty settlement
ļ	Examp ■ No	amounts someone owes you bles: Unpaid wages, disability ins benefits; unpaid loans you r	urance payments, disability benefits, sic nade to someone else	c pay, vacation pay, workers' co	ompensation, Social Security
31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No					
,	■ Yes.	Name the insurance company of Company		Beneficiary:	Surrender or refund value:
		Term life			Unknown
ı	If you a someo		ou from someone who has died t, expect proceeds from a life insurance	policy, or are currently entitled t	o receive property because
ı	<i>Examp</i> ■ No		or not you have filed a lawsuit or madutes, insurance claims, or rights to sue	de a demand for payment	
-	No	contingent and unliquidated classification	aims of every nature, including count	erclaims of the debtor and rig	hts to set off claims
I	No	nancial assets you did not alread	dy list		
36.			ntries from Part 4, including any entric		d \$22,728.54
Par	t 5: De	scribe Any Business-Related Prop	erty You Own or Have an Interest In. List ar	y real estate in Part 1.	
_		own or have any legal or equitable to Part 6.	interest in any business-related property?		
	Yes. G	Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 5

Deb	tor 1 Daniel J Brown		Case number (if known)	
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. [Do you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	■ No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	•		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$22,000.00	_	
57.	Part 3: Total personal and household items, line 15	\$3,575.00		
58.	Part 4: Total financial assets, line 36	\$22,728.54		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$48,303.54	Copy personal property total	\$48,303.54
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$48,303.54

Fill in this inform	Fill in this information to identify your case:					
Debtor 1	Daniel J Brown					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number _						
(if known)				☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonban	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
	2010 Dodge Avenger Given to son for graduation	\$5,000.00		\$3,775.00				
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit				
	2010 Dodge Avenger Given to son for graduation	\$5,000.00		\$1,225.00	11 U.S.C. § 522(d)(5)			
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit				
	Mobile home Line from Schedule A/B: 4.1	\$5,000.00		\$5,000.00	11 U.S.C. § 522(d)(1)			
	Line Holli Schedule PAD. 4.1			100% of fair market value, up to any applicable statutory limit				
	Furniture Line from Schedule A/B: 6.1	\$750.00		\$750.00	11 U.S.C. § 522(d)(3)			
	Line Holli Schedule PVD. U.1			100% of fair market value, up to any applicable statutory limit				
	Other household Line from Schedule A/B: 6.2	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)			
	Line IIom Schedule A/B. 0.2			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
4 TV sets Line from Schedule A/B: 7.1	\$750.00	•	\$750.00	11 U.S.C. § 522(d)(3)
Line from Scriedule A/b. 1.1			100% of fair market value, up to any applicable statutory limit	
2 DVD players Line from Schedule A/B: 7.2	\$25.00		\$25.00	11 U.S.C. § 522(d)(3)
Line from Scriedule A/B. 1.2			100% of fair market value, up to any applicable statutory limit	
2 computer Line from Schedule A/B: 7.3	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
Line from Scriedule A/B. 1.3			100% of fair market value, up to any applicable statutory limit	
iPhone Line from Schedule A/B: 7.4	\$600.00		\$600.00	11 U.S.C. § 522(d)(3)
Line Holli Schedule A/B. 1.4			100% of fair market value, up to any applicable statutory limit	
Clothes Line from Schedule A/B: 11.1	\$300.00	•	\$300.00	11 U.S.C. § 522(d)(3)
Zino nom conocado / v.z.			100% of fair market value, up to any applicable statutory limit	
2 cats Line from Schedule A/B: 13.1	\$500.00	•	\$500.00	11 U.S.C. § 522(d)(3)
Zino nom conocado / v.S. 1911			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Bank Line from Schedule A/B: 17.1	\$389.59		\$389.59	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Chase Bank (joint with mother; all of the funds on deposit were by	\$1,853.79		\$1,853.79	11 U.S.C. § 522(d)(5)
mother) Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
401(k): Merrill Lynch Line from Schedule A/B: 21.1	\$20,306.16		\$20,306.16	11 U.S.C. § 522(d)(12)
			100% of fair market value, up to any applicable statutory limit	
Pension: UFCW Line from Schedule A/B: 21.2	Unknown		Unknown	11 U.S.C. § 522(d)(10)(E)
			100% of fair market value, up to any applicable statutory limit	
2018 Michigan tax refund Line from Schedule A/B: 28.1	\$179.00		\$179.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Term life Line from Schedule A/B: 31.1	Unknown	•	Unknown	11 U.S.C. § 522(d)(7)
Elito Itolii Ochedule AVD. 91.1			100% of fair market value, up to	

Official Form 106C

Schedule C: The Property You Claim as Exempt

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Term life Line from Schedule A/B: 31.1	Unknown		\$12,625.00	11 U.S.C. § 522(d)(8)	
	Ellie Holli Geriedale AVB. GT.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every to No	. ,		ed on or after the date of adjustmen	nt.)	
	☐ Yes. Did you acquire the property covere	ed by the exemption wit	hin 1	215 days before you filed this case	?	
	☐ Yes					

	nation to identify you	ır case:				
Debtor 1	Daniel J Brown				_	
Dalitario	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Bar	nkruptcy Court for the	: EASTERN DISTRICT OF MICH	IIGAN			
C						
Case number					☐ Check	if this is an
						ded filing
Official Form	106D					
		Who Have Claims	Secured	hy Propert	V	12/15
Jenedale	D. Cicuitors	Wild Have Claims	occui cu	Бутторст	<u>y</u>	12/13
		If two married people are filing togethe out, number the entries, and attach it t				
, ,	have claims secured b	y your property?				
☐ No. Check	this box and submit t	his form to the court with your other	schedules. Yo	u have nothing else t	to report on this form.	
■ Yes. Fill in	all of the information	below.		-		
	I Secured Claims					
		more than one accurred claim list the area	ditor concretch.	Column A	Column B	Column C
for each claim. If me	ore than one creditor has	s a particular claim, list the other creditors	2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Amount Do not			
				value of collatoral		
2.1 Christian	Financial C.U.	Describe the property that secures t	he claim:	value of collateral. \$16,024.00	claim \$12,000.00	If any \$4,024.00
2.1 Christian Creditor's Name		Describe the property that secures to 2015 Chrysler 200S	he claim:			
			he claim:			
Creditor's Name		2015 Chrysler 200S As of the date you file, the claim is:				
	ca Rd.	2015 Chrysler 200S As of the date you file, the claim is: (apply.				
Creditor's Name 18441 Utic Roseville,	ca Rd.	2015 Chrysler 200S As of the date you file, the claim is: capply. Contingent				
18441 Utic Roseville,	ca Rd. MI 48066 City, State & Zip Code	2015 Chrysler 200S As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed				
18441 Utic Roseville,	ca Rd. MI 48066 City, State & Zip Code	2015 Chrysler 200S As of the date you file, the claim is: capply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	Check all that	\$16,024.00		
18441 Utic Roseville,	ca Rd. MI 48066 City, State & Zip Code	2015 Chrysler 200S As of the date you file, the claim is: (apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as reference)	Check all that	\$16,024.00		
18441 Utic Roseville, Number, Street,	ca Rd. MI 48066 City, State & Zip Code	2015 Chrysler 200S As of the date you file, the claim is: capply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	Check all that	\$16,024.00		
18441 Utic Roseville, Number, Street,	ca Rd. MI 48066 City, State & Zip Code bt? Check one.	As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, medical)	Check all that	\$16,024.00		
Teditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De	ca Rd. MI 48066 City, State & Zip Code bt? Check one.	As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, medium) ☐ Judgment lien from a lawsuit	Check all that mortgage or secu	\$16,024.00		
Creditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De	ca Rd. MI 48066 City, State & Zip Code bt? Check one. bbtor 2 only ne debtors and another aim relates to a	As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, medium) ☐ Judgment lien from a lawsuit	Check all that mortgage or secu	\$16,024.00		
Teditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the	ca Rd. MI 48066 City, State & Zip Code bt? Check one. bbtor 2 only ne debtors and another aim relates to a bt	As of the date you file, the claim is: dapply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, median) ☐ Judgment lien from a lawsuit	Check all that mortgage or secuthanic's lien) Purchase M	\$16,024.00		
Teditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this cla	ca Rd. MI 48066 City, State & Zip Code bt? Check one. bbtor 2 only ne debtors and another aim relates to a bt	As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, medically Judgment lien from a lawsuit ☐ Other (including a right to offset)	Check all that mortgage or secuthanic's lien) Purchase M	\$16,024.00		
Teditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of th Check if this cla community del Date debt was incu	ca Rd. MI 48066 City, State & Zip Code bt? Check one. bbtor 2 only ne debtors and another aim relates to a bt urred ulue of your entries in C	As of the date you file, the claim is: dapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) Statutory lien (such as tax lien, med) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account numb	Check all that mortgage or secuthanic's lien) Purchase More	\$16,024.00	\$12,000.00	
Teditor's Name 18441 Utic Roseville, Number, Street, Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of th Check if this cla community del Date debt was incu	ca Rd. MI 48066 City, State & Zip Code bt? Check one. bbtor 2 only ne debtors and another aim relates to a bt urred lue of your entries in Copage of your form, add	As of the date you file, the claim is: dapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as rear loan) Statutory lien (such as tax lien, med) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account numb	Check all that mortgage or secuthanic's lien) Purchase More	s16,024.00	\$12,000.00	

than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in this in	nformation to identify your o	case:	
Debtor 1	Daniel J Brown		
DCDIOI 1	First Name	Middle Name Last Name	
Debtor 2			
(Spouse if, filing) First Name	Middle Name Last Name	
United State	es Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN	
Case numbe	er		☐ Check if this is an
Schedul		ho Have Unsecured Claims e Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORIT	amended filing 12/15 Y claims. List the other party to
any executory Schedule G: E Schedule D: C left. Attach the name and cas	ontracts or unexpired leases Executory Contracts and Unexpi Creditors Who Have Claims Secu	that could result in a claim. Also list executory contracts on Schedule A/B: Property (ired Leases (Official Form 106G). Do not include any creditors with partially secured oured by Property. If more space is needed, copy the Part you need, fill it out, number to be any information to report in a Part, do not file that Part. On the top of any	Official Form 106A/B) and on laims that are listed in he entries in the boxes on the
	reditors have priority unsecured		
	to to Part 2.	a ciainis against you:	
	0 to Paπ 2.		
Yes.	int All of Vous MONDBIODIT	V. Hannaura d. Clairea	
	ist All of Your NONPRIORIT		
	reditors have nonpriority unsec	•	
∐ No. Yo	ou have nothing to report in this pa	art. Submit this form to the court with your other schedules.	
Yes.			
unsecure	d claim, list the creditor separately	aims in the alphabetical order of the creditor who holds each claim. If a creditor has more for each claim. For each claim listed, identify what type of claim it is. Do not list claims alreast the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill o	dy included in Part 1. If more
			Total claim
4.1 1st	Choice Physical Therapy	Last 4 digits of account number 8870	\$121.02
	priority Creditor's Name '25 19 Mile Rd.	When was the debt incurred?	
	rling Heights, MI 48313-2	703	
	ber Street City State Zlp Code incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	Debtor 1 only	Пол	
	•	☐ Contingent	
_	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and and		
debt		☐ Obligations arising out of a separation agreement or divorce that you did	l not
_	e claim subject to offset?	report as priority claims	
■ N		☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Y	'es	■ Other. Specify Medical bill	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Resument Hespital	Last 4 digits of account number 2750	\$539.49
Beaumont Hospital Nonpriority Creditor's Name	Last 4 digits of account number 3759	\$539.48
500 Stephenson Hwy	When was the debt incurred? 2013	
P.O. Box 5042		
Troy, MI 48007-5042 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical bill	
Credit Acceptance Corp.	Last 4 digits of account number	\$14,926.74
Nonpriority Creditor's Name 25505 West Twelve Mile Road	When was the debt incurred?	. ,
Southfield, MI 48034-1846 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Deficiency on auto	
Hosey Foot and Ankle Center	Last 4 digits of account number 8179	\$89.60
Nonpriority Creditor's Name 42550 Garfield	When was the debt incurred?	
Ste. 103 Clinton Township, MI 48038		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Medical bill	

Marian Programme St. 1.1		A=4
Macomb Emergency Physicians Nonpriority Creditor's Name	Last 4 digits of account number 0075	\$51.21
c/o CMRE Financial Services, Inc. 3075 E. Imperial Hwy. Suite 200	When was the debt incurred?	
Brea, CA 92821-6753 Number Street City State Zlp Code	As of the date you file the claim is Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical bill	
McLaren Macomb	Last 4 digits of account number	\$850.0
Nonpriority Creditor's Name		φου.υ
P.O. Box 674351 Detroit, MI 48267-4351	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical bill	
Medpost-Clinton Township Nonpriority Creditor's Name	Last 4 digits of account number 7806	\$50.0
P.O. Box 743595 Atlanta, GA 30374-3595	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical bill	

Plumbrook Medical Center, P.C. Nonpriority Creditor's Name	Last 4 digits of account number	\$102.12		
39880 Van Dyke, Suite 102 Sterling Heights, MI 48313	When was the debt incurred?			
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	Student loans			
debt s the claim subject to offset?	DObligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	■ Other. Specify Medical bill			
Semco Energy	Last 4 digits of account number	\$100.54		
Nonpriority Creditor's Name P.O. Box 79001	When was the debt incurred?			
Detroit, MI 48279-1722	When was the dept incurred:			
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
Check if this claim is for a community	☐ Student loans			
lebt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	□ Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	■ Other. Specify Utility			
Verizon Wireless Bankruptcy	Last 4 digits of account number 0001	\$1,313.14		
Nonpriority Creditor's Name		+1,01011		
P.O. Box 3397	When was the debt incurred?			
Bloomington, IL 61702 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	7.6 of the date year me, the stain is. Onesk an that appro			
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	□ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	☐ Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes ☐ Other. Specify Cellular services				

Debtor 1 Daniel J Brown			Case number (if known)				
4.1 WoW	/ Internet-Cable-Phone	Last 4 digits of account number	2098			\$267.57	
PO B	ority Creditor's Name Box 5715 I Stream, IL 60197	When was the debt incurred?				<u> </u>	
Numbe	er Street City State Zlp Code	As of the date you file, the claim	is: Check	call that apply			
_	btor 1 only	Continuent					
_	btor 2 only	☐ Contingent					
	otor 2 only btor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
_ `	least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	eck if this claim is for a community	☐ Student loans					
debt	claim subject to offset?	☐ Obligations arising out of a sep	aration ag	reement or div	vorce that you did not		
	•	report as priority claims Debts to pension or profit-shari	ina nlana	and ather aimi	lor dobto		
■ No		·	ing pians,	and other simi	iar debts		
☐ Yes	S	Other. Specify Utility					
Part 3: Lis	t Others to Be Notified About a D	ebt That You Already Listed					
is trying to co	ollect from you for a debt you owe to	about your bankruptcy, for a debt that someone else, list the original creditor i lat you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1	or 2, then list	the collection agency here.	Similarly, if you	
Name and Addr	ress	On which entry in Part 1 or Part 2 did yo	u list the c	riginal creditor	?		
FBCS		Line <u>4.2</u> of (<i>Check one</i>):	☐ Part 1:	Creditors with	Priority Unsecured Claims		
330 S. Warn Hatboro, P <i>A</i>	ninster Rd., Suite 353	·	Part 2: Creditors with Nonpriority Unsecured Claims				
ilatbolo, i A	1 13040	Last 4 digits of account number					
Name and Addr	ress	On which entry in Part 1 or Part 2 did yo	u list the c	riginal creditor	?		
I.C. System		Line 4.4 of (Check one):	Line 4.4 of (Check one):				
PO Box 643 Saint Paul, l			Part 2:	Creditors with	Nonpriority Unsecured Claims		
ounit i dui,	MIT 00104	Last 4 digits of account number					
Name and Addr		On which entry in Part 1 or Part 2 did yo	u list the c	riginal creditor	?		
	apital Systems, LLC				Priority Unsecured Claims		
16 McLeland Saint Cloud			■ Part 2: Creditors with Nonpriority Unsecured Claims				
Jann Gibaa	,	Last 4 digits of account number					
Name and Addr	ress	On which entry in Part 1 or Part 2 did yo	u list the c	riginal creditor	?		
	ceivable Solutions	Line 4.9 of (<i>Check one</i>):	☐ Part 1:	Creditors with	Priority Unsecured Claims		
PO Box 208 Kalamazoo,			Part 2:	Creditors with	Nonpriority Unsecured Claims		
Naiailia200,	, WII 49003	Last 4 digits of account number					
Name and Addr	ress	On which entry in Part 1 or Part 2 did yo	u list the c	riginal creditor	?		
•	rchetti & Olivier	Line <u>4.3</u> of (<i>Check one</i>):	☐ Part 1:	Creditors with	Priority Unsecured Claims		
39541 Garfi	eld Road vnship, MI 48038	ı	Part 2:	Creditors with	Nonpriority Unsecured Claims		
Ciliton Tow	viisiiip, ivii 40030	Last 4 digits of account number					
	d the Amounts for Each Type of L				h. 00 H 0 C 0450 1111		
. Total the amo type of unsec		aims. This information is for statistical	reporting	purposes on	ıy. 28 U.S.C. §159. Add the ar	nounts for each	
				-	Total Claim		
Total	6a. Domestic support obligatio	ns	6a.	\$	0.00		
Total claims							
from Part 1	6b. Taxes and certain other dek		6b.	\$	0.00		
	•	al injury while you were intoxicated	6c. 6d	\$	0.00		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Daniel J Brown

Case number (if known)

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total	6f.	Student loans	6f.	\$	Total Claim 0.00
claims from Part 2	6g. 6h. 6i.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here.	6g. 6h. 6i.	\$ \$ \$	0.00 0.00 18,411.43
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	18,411.43

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this infor				
Debtor 1	Daniel J Brown			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MICHIGAN	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	Jily		Olato	211 0000	
-	Name				
	Number	Street			_
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in this inf	ormation to identify your	case:			
Debtor 1	Daniel J Brown				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Case number (if known)					☐ Check if this is an amended filing
	orm 106H le H: Your Cod	ebtors			12/15
people are fili fill it out, and your name an	ng together, both are equ	ally responsible for supple boxes on the left. Attach). Answer every question	olying correct information the Additional Page to 	on. If more space is this page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
□ No ■ Yes					
	the last 8 years, have you California, Idaho, Louisiana,				ty states and territories include)
■ No. Go	to line 3.				
☐ Yes. D	id your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line 2 a	again as a codebtor only i SD), Schedule E/F (Official	if that person is a guaran	tor or cosigner. Make s	ure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	umn 1: Your codebtor e, Number, Street, City, State and ZI	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1 Ma	riah Barlow			☐ Schedule D,	line
Del	btor has no address fo	r this person.		■ Schedule E/F □ Schedule G _ Credit Accepta	f, line 4.3

	in this information to	identify your ca									
	btor 2					_					
	ouse, if filing) ited States Bankrupto	v Court for the:	EASTERN DISTRICT	OF MICHIGAN							
	se number	,					Chec	k if this is:			
(If kr	nown)			-				n amende	•		
										ing postpetitior following date	
_	fficial Form						N	1M / DD/ Y	YYY		
S	chedule I: Y	our Inco	ome								12/15
spo atta Pa	use. If you are sepa ch a separate sheet tt 1: Describe	rated and you to this form. (Employment	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu	de infor	mati	on abou	t your spo	use. If n	nore space is	needed,
1.	Fill in your employ information.	yment		Debtor 1				Debtor 2	or non-	filing spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed			☐ Emplo	oyed			
	information about a employers.	•	, ,	☐ Not employed	☐ Not employed			☐ Not er	mployed		
			Occupation	Night Grocery N	Manage	r					
	Include part-time, s self-employed work		Employer's name	Kroger							
	Occupation may incor homemaker, if it		Employer's address	26300 Crocker I Harrison Towns		l 480	45				
			How long employed to	here? 26 year	s			_			
Pai	rt 2: Give Deta	ils About Mon	thly Income								
	mate monthly inconuse unless you are se		ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. I	nclude your no	n-filing
•	ou or your non-filing spe space, attach a sep	•	re than one employer, co	ombine the informatio	n for all	empl	oyers for	that perso	n on the	lines below. If	you need
							For Del	otor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$	3	,518.88	\$	N/A	-
3.	Estimate and list i	monthly overti	me pay.		3.	+\$		879.49	+\$	N/A	-
4.	Calculate gross In	ncome. Add lin	e 2 + line 3.		4.	\$	4.39	98.37	\$	N/A	

				Fo	r Debtor 1			Debtor n-filing s		
	Copy	y line 4 here	4.	\$	4,398.	37	\$		N/A	_
5.	List	all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,026.	27	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_		00	\$ _		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$_		00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$-		00	\$ _		N/A	_
	5e.	Insurance	5e.	\$ \$	99.		Ψ_		N/A N/A	_
	5e. 5f.	Domestic support obligations	5f.	φ_ \$			\$ _		N/A N/A	_
		Union dues		-\$ -		00	φ_			_
	5g.		5g.		45.		. φ_		N/A	_
•	5h.	Other deductions. Specify:	_ 5h.+	_			+ \$_		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,171.		\$_		N/A	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,226.	59	\$_		N/A	_
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.	.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$_		00	\$_		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$.00	*_ \$		N/A	_
	8d.	Unemployment compensation	8d.	\$-		00	\$-		N/A	_
	8e.	Social Security	8e.	\$_		00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$.00	\$		N/A	_
	8g.	Pension or retirement income	8g.	\$	0.	00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$_	0.	00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.	00	\$_		N/A	4
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		3,226.59	+ \$		N/A	= \$	3,226.59
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			3,220.00	* -			* -	0,220.00
11.	State Include other	de all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your rifiends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	deper		-				∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines				,		12.	\$	3,226.59
13.	Do v	ou expect an increase or decrease within the year after you file this form	?					·	Combine month!	ned ly income
	.	No.								
		Yes. Explain:					-			

Fill	in this informa	ation to identify yo	our case:					
Debt	tor 1	Daniel J Bro	wn			Check	if this is:	
							an amended filing	
Debt (Spc	tor 2 ouse, if filing)					_		ving postpetition chapter the following date:
Unite	ed States Bank	cruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	AN	<u> </u>	/M / DD / YYYY	
	e number nown)							
		orm 106J						
Sc	chedule	J: Your I	Exper	ises				12/1
info	rmation. If n		eded, atta	. If two married people ar ich another sheet to this i n.				
Part		ribe Your House	hold					
1.	Is this a joi							
		o line 2. es Debtor 2 live i	n a separ	ate household?				
			n a copai					
			st file Offici	al Form 106J-2, Expenses	for Separate House	hold of Debto	or 2.	
2.	Do you hay	e dependents?	□ No					
	•	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	a the						□ No
	dependents				Fiance			■ Yes
								□ No
					Daughter		14	Yes
					Com		40	□ No
					Son		18	■ Yes
								□ No □ Yes
3.	Do your ex	penses include		No	-			□ 163
		of people other the	nan _—	Yes				
	yourself ar	nd your depende	nts?	103				
exp	imate your e	a date after the b	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance in Cluded it on <i>Schedule I: Y</i>			Your expe	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	4. \$		600.00
	. ,	ded in line 4:	o ground t					
						4- ^		0.00
		estate taxes erty, homeowner's	or renter	's insurance		4a. \$ 4b. \$		0.00 0.00
		e maintenance, re				4c. \$		25.00
		eowner's associat				4d. \$		0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

page 2

Official Form 106J

Debtor 1	Daniel J Brown First Name	Middle Name	Last Name		
Debtor 2	T HOL MAINS	Wildale Harrie	Last Hamo		
Spouse if, filing)	First Name	Middle Name	Last Name		
Inited States Ba	ankruptcy Court for the:	EASTERN DISTRICT (DF MICHIGAN		
Case number					
f known)				-	heck if this is an mended filing
Official For				_	
Declara t	tion About a	an Individual	Debtor's Sche	dules	12/1
u must file thitaining mone	is form whenever you f y or property by fraud i	ile bankruptcy schedule in connection with a ban	nsible for supplying correct in s or amended schedules. Maki kruptcy case can result in fine	formation. ng a false statement, conce	
ou must file thiotaining mone	is form whenever you f	ile bankruptcy schedule in connection with a ban	s or amended schedules. Maki	formation. ng a false statement, conce	
ou must file th otaining mone ears, or both. 1	is form whenever you f y or property by fraud i	ile bankruptcy schedule in connection with a ban	s or amended schedules. Maki	formation. ng a false statement, conce	
ou must file the ptaining mone ears, or both. 1	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341,	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki	formation. ng a false statement, conce s up to \$250,000, or imprisc	
ou must file thibtaining mone ears, or both. 1	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341,	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine	formation. ng a false statement, conce s up to \$250,000, or imprisc	
ou must file thibtaining mone ears, or both. 1 Sig Did you pa	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341,	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine	formation. ng a false statement, conce s up to \$250,000, or imprisc	onment for up to 20
Did you pa	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341, i in Below ny or agree to pay some	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine	ng a false statement, concess up to \$250,000, or imprison to \$250,000 and imprison to \$250,000. Potcy forms? Attach Bankruptcy Petitic Declaration, and Signature.	onment for up to 20
Did you pa No Yes. Under penathat they ar	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341, n Below ny or agree to pay some	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine rney to help you fill out bankru	ng a false statement, concess up to \$250,000, or imprison to \$250,000 and imprison to \$250,000. Potcy forms? Attach Bankruptcy Petitic Declaration, and Signature.	onment for up to 20
Did you pa No Ves. Under penathat they ar X /s/ Dar Dou must file this bring mone Sig	is form whenever you few or property by fraud is 8 U.S.C. §§ 152, 1341, in Below The property by fraud is 8 U.S.C. §§ 152, 1341, in Below The property of person The property of person in the person in the property of person in the property of person in the	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine rney to help you fill out bankru	Information. Ing a false statement, concess up to \$250,000, or imprison Inptcy forms? Attach Bankruptcy Petitic Declaration, and Signatur In this declaration and	onment for up to 20
Did you pa No Ves. Under penathat they ar X /s/ Dar Daniel Signatu	is form whenever you f y or property by fraud i 8 U.S.C. §§ 152, 1341, n Below Name of person Alty of perjury, I declare the true and correct. niel J Brown J Brown	ile bankruptcy schedule in connection with a ban 1519, and 3571.	s or amended schedules. Maki kruptcy case can result in fine rney to help you fill out bankru nmary and schedules filed with	Information. Ing a false statement, concess up to \$250,000, or imprison Inptcy forms? Attach Bankruptcy Petitic Declaration, and Signatur In this declaration and	onment for up to 20

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in this info	rmation to identify you	r case:			
Debtor 1	Daniel J Brown				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
, , , , ,					
United States B	Sankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case number (if known)				_	Check if this is an amended filing
Official Fo	-	Affairs for Indivic	duals Filing for B	ankruptcy	4/1
Be as complete information. If	and accurate as possi	ble. If two married people a attach a separate sheet to	are filing together, both are	equally responsible for su	
Part 1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1. What is yo	ur current marital statu	ıs?			
☐ Marrie	ed				
■ Not m	arried				
2. During the	last 3 years, have you	lived anywhere other than	where you live now?		
□ No					
_	ist all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	٧.	
Debtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
	ttle Mack Ave., Apt. 2 Fownship, MI 48036	201 From-To: Until 2016	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
states and territo No Yes. N	ories include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, New medule H: Your Codebtors (Of r Income	vada, New Mexico, Puerto R		
Fill in the to	otal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part	-time activities.	endar years?
□ No					
Yes. F	Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$10,524.97	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

page 1

Del	btor 1 D a	aniel J Bro	wn		Cas	se number (if known)		
				Dobtov 4		Dobtos 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
	r last caler inuary 1 to	ndar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$54,012.59	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$53,859.13	☐ Wages, combonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
	■ No	source and t	·	ome from each source separa	tely. Do not include income		ne 4.	
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
					exclusions)			and exclusions)
Pai	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
_	□ No.	Neither De individual puring the No. Yes * Subject	ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that cr not include to adjustmen or Debtor 2 c 90 days befor Go to line 7 List below e include pay	each creditor to whom you pai editor. Do not include paymer payments to an attorney for to ton 4/01/19 and every 3 year or both have primarily consumer you filed for bankruptcy, di	Imer debts. Consumer debtled purpose." d you pay any creditor a total d a total of \$6,425* or more the for domestic support oblinis bankruptcy case. Is after that for cases filed or imer debts. d you pay any creditor a total d a total of \$600 or more and total dispersion.	al of \$6,425* or moin one or more pay gations, such as claim or after the date of al of \$600 or more.	ore? yments and the hild support a	he total amount you ind alimony. Also, do
	Creditor	's Name an	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
	18441 L	an Financia Itica Rd. Ie, MI 4806		Within 90 day filing of case	·	\$16,024.00	☐ Mortgaç ■ Car ☐ Credit C ☐ Loan Ro	Card

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

☐ Suppliers or vendors

☐ Other__

Deb	otor 1 Daniel J Brown		Cas	e number (if known)		
	Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.	partners; relatives of any gen in control, or owner of 20% of	neral partners; partne or more of their voting	erships of which yo g securities; and ar	u are a general ny managing ag	partner; corporations gent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		ments or transfer a	any property on a	ecount of a de	bt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment
Pari	t 4: Identify Legal Actions, Repossession	ons. and Foreclosures	P			
	Within 1 year before you filed for bankrup List all such matters, including personal injui modifications, and contract disputes. ■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	Within 1 year before you filed for bankrup Check all that apply and fill in the details bel ☐ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happene				A.T.
	Credit Acceptance Corp. 25505 West Twelve Mile Road Southfield, MI 48034-1846	2018 Michigan tax re ☐ Property was reposse ☐ Property was foreclose	essed.	2019		\$179.00
		Property was garnish	ied.			
		☐ Property was attache	ed, seized or levied.			
	Within 90 days before you filed for bankry accounts or refuse to make a payment be ■ No □ Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Deb	tor 1	Daniel J Brown		Case number	(if known)	
Part	5:	List Certain Gifts and Contribution	ıs			
		No	uptcy, o	did you give any gifts with a total value of more th	nan \$600 per person?	?
	■ \	es. Fill in the details for each gift.				
		with a total value of more than \$60 person	00	Describe the gifts	Dates you gave the gifts	Value
	Pers Addr	on to Whom You Gave the Gift and ress:				
	4580	hary Brown 09 Carousel Court omb, MI 48044		2010 Dodge Avenger	January 2019	\$5,000.00
	Perso	on's relationship to you: Son				
	■ N	No Yes. Fill in the details for each gift or o	contribut		I value of more than	
	more Char	or contributions to charities that the than \$600 city's Name Cess (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value
Part	6:	List Certain Losses				
		n 1 year before you filed for bankru mbling?	ıptcy or	since you filed for bankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster,
		No Yes. Fill in the details.				
	Desc	cribe the property you lost and	Descri	ibe any insurance coverage for the loss	Date of your	Value of property
	how	the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost
Part	7:	List Certain Payments or Transfer	s			
	consu	ulted about seeking bankruptcy or	prepari	id you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services required	, , ,	rty to anyone you
	_	No Yes. Fill in the details.				
				Description and value of any property	Data manimant	A was a sunt of
	Addr Emai	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	5765 Fort	t Fresh Today 5 West Sunrise Blvd. Lauderdale, FL 33313 tfreshBK.com		\$24.99	March 12, 2019	\$24.99
					·	

Debtor 1 Daniel J Brown Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.								
	Yes. Fill in the details. Person Who Was Paid Address	Description and v transferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No	siness or financial affa e as security (such as t	irs? ne granting of a sec		erty to anyone, other				
	Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you	Description and v property transferr			ny property or received or debts change	Date transfer was made			
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		y property to a se	lf-settled tru	st or similar device o	f which you are a			
	Name of trust	Description and v	alue of the proper	rty transferre	ed	Date Transfer was made			
Par	t 8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Stora	age Units					
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accour	nts; certificates of						
		ast 4 digits of account number	Type of account instrument	clo: mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any s	safe deposit	box or other deposit	ory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the c	contents	Do you still have it?			
22.	Have you stored property in a storage unit or	place other than your	home within 1 ye	ar before yo	u filed for bankruptcy	??			
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe the o	contents	Do you still have it?			
		•							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Daniel J Brown Case number (if known)

Par	19: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	rty y	ou borrowed from, are storing for	, or hold in trust			
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value			
Par	10: Give Details About Environmental Informa	,						
	he purpose of Part 10, the following definitions							
_								
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	sites.						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	n the	ey occurred.				
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	e und	der or in violation of an environme	ental law?			
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or adminis	trative proceeding under any envi	ironi	mental law? Include settlements a	and orders.			
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	11: Give Details About Your Business or Con	,						
				the fellowing connections to one				
21.	Within 4 years before you filed for bankruptcy, o A sole proprietor or self-employed in a ti	•	-	·	/ business /			
	<u> </u>		•	•				
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ııb (r	.LP)				
	☐ A partner in a partnership							
	☐ An officer, director, or managing execut	-						
	☐ An owner of at least 5% of the voting or	equity securities of a corporation						

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Del	otor 1 Daniel J Brown	C	case number (if known)				
	No. None of the above applies. Go to F	Part 12.					
	☐ Yes. Check all that apply above and fill	in the details below for each business.					
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.				
		·	Dates business existed				
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
	■ No						
	Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Pai	t 12: Sign Below						
are with 18 U		false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.				
Da	niel J Brown nature of Debtor 1	Signature of Debtor 2					
Dat	e _March 12, 2019	Date					
Did ■ N		ent of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?				
■ N	you pay or agree to pay someone who is not lo 'es. Name of Person . Attach the <i>Bankru</i>						
		, , , , , , , , , , , , , , , , , , , ,	· ,				

United States Bankruptcy Court Eastern District of Michigan

In re	Daniel J Brown	Debtor(s)	_ Case No. Chapter	7
	VER	RIFICATION OF CREDITOR N	MATRIX	
The abo	ove-named Debtor hereby verifies	s that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	March 12, 2019	/s/ Daniel J Brown		

Signature of Debtor

1st Choice Physical Therapy 13725 19 Mile Rd. Sterling Heights, MI 48313-2703

Beaumont Hospital 500 Stephenson Hwy P.O. Box 5042 Troy, MI 48007-5042

Christian Financial C.U. 18441 Utica Rd. Roseville, MI 48066

Credit Acceptance Corp. 25505 West Twelve Mile Road Southfield, MI 48034-1846

FBCS 330 S. Warminster Rd., Suite 353 Hatboro, PA 19040

Hosey Foot and Ankle Center 42550 Garfield Ste. 103 Clinton Township, MI 48038

I.C. System
PO Box 64378
Saint Paul, MN 55164

Jefferson Capital Systems, LLC 16 McLeland Road Saint Cloud, MN 56303

Macomb Emergency Physicians c/o CMRE Financial Services, Inc. 3075 E. Imperial Hwy. Suite 200 Brea, CA 92821-6753

McLaren Macomb P.O. Box 674351 Detroit, MI 48267-4351 Medpost-Clinton Township P.O. Box 743595 Atlanta, GA 30374-3595

Midwest Receivable Solutions PO Box 2087 Kalamazoo, MI 49003

Plumbrook Medical Center, P.C. 39880 Van Dyke, Suite 102 Sterling Heights, MI 48313

Roosen, Varchetti & Olivier 39541 Garfield Road Clinton Township, MI 48038

Semco Energy P.O. Box 79001 Detroit, MI 48279-1722

Verizon Wireless Bankruptcy P.O. Box 3397 Bloomington, IL 61702

WoW Internet-Cable-Phone PO Box 5715 Carol Stream, IL 60197